



eRA eCGAP Team and Service Providers' Meeting

Date: Thursday, December 2, 2004
Time: 2:00 –4:00 p.m.
Location: Room E1, E2 at the Natcher Conference Center in Bethesda, MD.
Moderator: Jennifer Flach

Action Items

1. (JJ Maurer) Ask if Service Providers can submit electronic version of grant application on paper.
2. (Tim Twomey, eCGAP Team) Implement manual confirmation of request for affiliation. Work on automating that notification in future.
3. (Jennifer Flach, Tim Twomey) Discuss whether to have a question and answer session via email or on the web in lieu of having a regularly scheduled conference call with Service Providers.
4. (Tim Twomey, eCGAP Team) Find new name for eNGA, such as XML NGA.
5. (Sara Silver) Modify validation on indirect cost rate so as to reflect no error if the rate is greater than 100
6. (Service Providers) Email Jennifer Flach their ranking of eCGAP priorities.

Plans for opening access

Jennifer Flach

Scope of “production”—Jennifer Flach stated that beginning January 17, 2005, NIH will open access for electronic submission for simple modular grants of only R01, R03 and R21 mechanisms. Those three mechanisms will no longer be in pilot mode. One appendix document will be allowed with the electronic application. Full budgets will be in pilot mode. For details, view [Scope of Open Access](#).

Deployment schedule and changes for eCGAP Release 1.2.5—Iteration 1 is in test; iteration 2 is going to test December 8. The certification period will open Dec. 13. The target release to production is around January 10, 2005. NIH would like to open access by January 17, 2005, at the latest. Among some of the changes in eCGAP Release 1.2.5 are the following:

- When the modular Budget Justification exceeds a page, it will be accounted for in the Table of Contents numbering.
- eCGAP will be enforcing secure protocol for communication between the eRA eXchange and Service Providers.
- eCGAP will be deploying the schema with the application instead of with the Partnership Information page. An earlier problem with the schema links being affected when the Partnership Information page was updated has been corrected.

For a detailed list, view [eCGAP Release 1.2.5 Key Changes](#)

Discussion: Forrest Hulette asked about the mathematical formula behind requiring the Research Plan to be a certain number of pages. JJ Maurer noted that the maximum limit in an electronic submission was 25 pages plus three pages to allow for page breaks and three sections. Forrest wondered if the paper grant

application could also be made the same length; JJ replied that it could only be changed through NIH policy and such a change was highly unlikely.

Submission and verification deadlines—Jennifer noted that the deadlines during open access will differ from those in pilot. For the Feb. 1 receipt date, the ticket is required by Feb. 1, PI/SO have to verify by Feb. 4, and for those who revert to paper, their applications need to be received at NIH by Feb. 9. She noted that there will be no wiggle room in open access. Similarly, for the March 1 receipt date, the ticket is required by March 1, PI/SO have to verify by March 4, and if PI/SO reject the electronic application, paper applications must be received by NIH on March 9.

Discussion: Forrest noted that the time given to revert to paper seemed very small. Given that the proposal has to be restructured differently for paper, he wondered if NIH would allow them to submit hard copies of the electronic version which may appear different from the usual format of a paper application. JJ replied that the ecGAP team could ask and get back to them.

Action: (JJ Maurer, ecGAP team) Ask NIH stakeholders if Service Providers can submit electronic version of grant application on paper

Certification process—Jennifer stated that all Service Providers will be required to go through the certification process again in December/January. NIH will start posting on eRA's website the names of Service Providers who are certified and for what types of applications. Ammar Albadarneh asked how many Service Providers had installations at a customer's site rather than at their own site. Each new site will need to be registered and certified with NIH as a trading partner.

Discussion: John Rodman stated that Service Providers would appreciate it if NIH could state that they are certified by NIH and even come up with a logo indicating certification. Jennifer noted that the concern is that each Service Provider has to be certified before the next release and so any such certification would be temporary. John suggested that instead of "certified," NIH come up with some other word such as "approved" to indicate that Service Providers have been through pilots of electronic submission. Forrest asked how long this recertification process would continue and for how many institutions NIH could support setting up test environments to match theirs. JJ noted that in the long run, the process has to become "self-service" and NIH will then no longer be assisting. Christian Harker stated that he was concerned that all institutions to which he ships his company software will have to be affiliated. JJ noted that it becomes critical when NIH ships things back to them. Michael Goodman suggested that a potential solution could be adding in the Institutional Profile the names of the Service Providers the institutions authorize to do business on behalf of them. For now, Tim Twomey suggested manual confirmation; i.e., if they get a request, they send a validation back to the Signing Official. Tim said they would work on automating that notification in the future.

Action: (Tim Twomey, ecGAP Team) Implement manual confirmation of request for affiliation. Work on automating that notification in future.

"Rules" of engagement—Jennifer outlined the rules of engagement for Service Providers, for applicants, and for eRA itself. While people have been scrambling and conducting business down to the wire during the pilots, open access requires a more stringent following of the rules. The ecGAP team plans to update the technical information on the Partnership Information website, particularly in time for open access. And if NIH is the cause of a technical problem preventing submissions, NIH will take ownership and extend deadlines accordingly.

For details, view ["Rules" of Engagement](#).

Discussion: A few group members asked about load testing and whether eRA would be able to handle a large number of applicants. JJ noted that from a production standpoint, the team is not concerned about

volume. Validation could be more problematic, he said. One member asked why they never got a response when the server was down for more than four hours during the last pilot.

JJ stated that while the system encounters glitches from time to time, those are not the norm; overall, the system works well. Christian Harker asked whether Service Providers could get answers to questions without waiting for the conference call with the eCGAP team every other Wednesday. Jennifer stated that it would be helpful if the Service Provider sending in the technical question specified whether the question was relevant only to him or her or all the Service Providers. Whether it would be productive to get away from regularly scheduled conference calls and just have a question and answer session via email or on the web is something they could follow up on.

Action: (Jennifer Flach, Tim Twomey) Discuss whether to have a question and answer session via email or on the web in lieu of having a regularly scheduled conference call with Service Providers.

eXchange Technical Overview

JJ Maurer

[eRA eXchange and ebXML](#)

Current architecture and ebXML plans—JJ stated that over the last several months, eRA had evaluated different products and configurations for the messaging server and registry and had decided to recommend using ebXML as the standard. That final recommendation has not yet been approved by NIH. The components used for the ebXML message handler will probably be Hermes, open source software. The registry will be set up using open source software called Omar. JJ noted that the set up would mark a step towards self service because each trading partner can select from the available transactions and options to set up and maintain their own profile. In addition, the certification process will be more automated. Versioning of transactions will be enabled, which though not a big issue now could be one in future. As for the transition, the new architecture will run in parallel to the existing system until the eCGAP exchange and message format will eventually be retired. No timetable has been set.

eCGAP Support

Jennifer gave a handout on support procedures that outlined the responsibilities of the NIH Support Desk, Service Providers, and applicants. For details, view [eCGAP Support Procedures](#).

Development Plans for the eRA eXchange

Planned development and high-level schedule

- With regard to supplements, the eCGAP code changes are now in test. Since changes to the Receipt and Referral software need to be made, supplements cannot be processed through the exchange in February/March.
- The electronic Notice of Grant award is the first outgoing transaction of the eRA eXchange. The requirements are complete and it is going into design. Tim Twomey suggested that they call eNGA by a different name because the same name exists in Commons. Christian Harker suggested calling it XML NGA. Tim said they would confer on a new name.
- The planned validation on the indirect cost rate included an error if the rate was greater than 100. The Service Providers pointed out that there are cases where the rate can be greater than 100. Therefore, the validation will be modified.

Action: (Tim Twomey, eCGAP Team) Find new name for eNGA, such as XML NGA.

Action: (Sara Silver) Modify validation on indirect cost rate so as to reflect no error if the rate is greater than 100

- The General Clinical Research Centers (GCRC) progress reporting is in collaboration with the National Center for Research Resources (NCRR) and represents the first step of the eRA eXchange getting into complex progress reports. Eighty clinical centers will submit their annual progress reports to NCRR via the eRA eXchange.
- eCGAP conducted a basic system-to-system interface with Grants.gov over the summer. Grants.gov hopes to have the forms ready by the end of January. The Commons Working Group will offer up old data before testing live data. eCGAP will then start handling live submissions thereafter.
- eCGAP is also looking at electronic corrections after receipt and before review and is discussing those with the eCGAP Focus Group. JJ stated that the first task will be the ability to send an additional document, such as a letter or change page.
- eRA also plans to implement the new Form 398 changes, not just in eCGAP but other eRA applications. The new 398 will become mandatory use from May 10, 2005 onwards.

Planned development timeline

Task	Status	Target
Supplements	Pilot	Test in June 2005
SP Test/Commons Demo	In process	In late December
eNGA	Requirements completed	Pilot in March 2005
GCRC progress reporting	Design	March 2005
NIH-Grants.gov integration	Developing NIH forms	Test in April 2005
Corrections iteration 1	BPM	Pilot in May 2005
Implement new 398	Requirements analysis	Production in May 2005

Future development priorities (not in any particular order)

Expand types of grant mechanisms:

- Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR)
- Training grants

- Fellowships
- Academic Research Enhancement Award (AREA) grants
- Complex program grants and subprojects
- Others (examples are U's, other R's, S's)

New capabilities:

- Handle consortia
- Principal Investigator change of institution
- IC and Study Section requests
- Control receipt dates
- Expand appendix capabilities
- Sign on to Commons via SP system
- Others

New transactions:

- PPF (Professional Profile) update
- IPF (Institutional Profile) update
- Financial Status Report
- electronic Streamlined Non-competing Award Process (eSNAP)
- eNAP
- Population tracking
- Others

Discussion: In terms of future priorities, the PPF update is a high priority. Jennifer urged Service Providers to review the list of priorities and rank them. John Rodman noted that each Service Provider would have a different priority because they all had a different market. Jennifer requested that Service Providers email her their ranking of priorities.

Action: (Service Providers) Email Jennifer Flach their ranking of eCGAP priorities.